

ORTHOPAEDIC PHYSICAL THERAPY RESIDENCY

Columbia VA Health Care System
Columbia, SC



Physical Therapy Residency Handbook

Dear Physical Therapy Residents,

Welcome to the Columbia VA Orthopaedic Residency Program! We look forward to working with you over the next year to guide you in refining your orthopaedic skills by providing you with a well-rounded educational experience. It is an exciting time for us as a profession as we move towards specialized practice as a recognized movement specialist. The congruent applications of theory and practice in a novice Physical Therapist after the entry level (DPT) degree is often undistinguishable and met with abstruse thought processes through trial and error thus continued mentorship and formal guidance is imperative. This will allow the clinician to grow on track to the formative years of learning. Mentorship also has shown to play a crucial role in academic success, professional growth, and development. Pitfalls of unguided, unmentored clinical practice during this formative years often results to misplaced expectations and vague advance-clinical reasoning skills thus a post-professional planned learning experience comprised of a curriculum encompassing the essential knowledge, skills, and responsibilities of an advanced physical therapist within a defined area of practice is required. This program aims to provide you with a deeper understanding of the sciences we learned in entry-level education by linking and applying them into advance practice in order to deduce the scope and depth of knowledge into the whole patient in both biomechanical and biopsychosocial domains.

As physical therapists, our strong foundation in movement science will foster advancement in our systematic and diagnostic abilities, such that you will be able to apply highly-effective manual therapy interventions. These include manual therapies as well as tailored therapeutic exercise interventions as suggested in our Clinical Practice Guidelines. To achieve this goal, it is imperative that we highlight the importance of skills required for successful application of evidence-based practice, including assessing the patient's condition, clinical questions inquiry specific to patients, acquiring evidence, critical appraisal of evidence, and applying the results to the patients. In addition to the clinical implementation, the results of the critical review of current literature will then serve as a means to identify knowledge gaps.

In collaboration with the University of South Carolina – DPT Program, we aim to provide Residents with the necessary experience and critical thinking abilities to transition from an entry-level Physical Therapist, to a highly skilled, thoughtful, and reflective clinical specialist. On behalf of the Columbia VA Health Care System we look forward to working with you this coming year.

Sincerely,

Handwritten signature of Ulysses Juntilla in black ink.

Ulysses Juntilla, PT, DPT
Residency Director, Columbia VA Orthopaedic PT Residency

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Background

The Columbia VA Health Care System (CVAHCS) is one of the two Department of Veterans Affairs Medical Centers in South Carolina. CVAHCS consists of one medical center in Columbia, SC, and seven outpatient clinics. Physical Therapy (PT) services are available at three of the eight locations.

CVAHCS is affiliated with University of South Carolina (UofSC) School of Medicine and a hub to different medical, nursing, paramedical, and administrative programs. It is also home to a diverse Physical Medicine and Rehabilitation Service (PMRS) which includes Physical Therapy, Occupational Therapy, Kinesiotherapy, Audiology, Speech Therapy and Pain Clinic.

The PT Clinical Education program started in the 1980's. It is an established, long-standing program with an excellent reputation in the surrounding community. There are currently nine active affiliation agreements with Doctor of Physical Therapy Programs and Physical Therapy Assistant Program. Active affiliations include: University of South Carolina, Medical University of South Carolina, University of St. Augustine, Augusta University, Georgia State University, University at Buffalo-State University of New York, Winston-Salem State University, University of North Carolina-Chapel Hill, and the Midlands Technical College-PTA Program. The clinical education is supported with advanced clinicians who are APTA-credentialed clinical instructors, board-certified specialists (OCS) with ABPTS and Fellows of Orthopedic Manual Physical Therapy with AAOMPT. In 2015, the PT clinical education program was awarded the center of excellence by the North Carolina and South Carolina Clinical Education Consortium.

There are 24 physical therapists and four PT assistants working at the CVAHCS Physical Therapy in Columbia, Greenville, and Anderson clinics. Nine PTs are in Columbia outpatient patient services and five are in acute care and geriatric services. Staff retention is high in the department. At least 40% of the PT staff had clinical rotations at the VA. Continuing education of staff is accomplished through, 'education-Friday activities' (a two-hour monthly inter-staff educational presentation/skills practices) and the biannual 16-hour APTA-accredited courses hosted by the CVAHCS PT Clinical Education Program, and external conferences.

The newly established Residency Program is the first in VISN 7 (South Carolina, Georgia, and Alabama) and started in 2021 during the Expanded Physical Therapy Residency funded by the Office of Academic Affiliations (OAA). The Program is in the process of accreditation by the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) as a post-professional residency program for physical therapists in Orthopedic Physical Therapy. It offers two positions for a one-year Residency in collaboration with the University of South Carolina (USC) DPT Program.

The resident will start the year-long program in July. The resident will be employed by the Columbia VA HCS (one-year time-limited appointment) and therefore is required to be a US citizen. The resident will work with a primarily Orthopedic/Musculoskeletal patient caseload. The resident is involved in mentoring sessions with expert clinicians for not less than four hours/week and didactic coursework not more than eight hours/week. The residents will also participate in periodic specialty clinics (e.g. Pain Management, Primary Care, Amputee, SCI, and Orthopedics), as well as program development and a variety of teaching opportunities at the Columbia VA HCS. Residents who successfully complete the program will be eligible to apply to sit for the Orthopedic Clinical Specialist (OCS) exam.

Applications are accepted starting in January and closes in March. Interviews are offered to those who meet the eligibility and requirements with final decision no later than May 31. Candidates can apply as students but need to have a plan to graduate and become licensed physical therapists prior to the start date of the residency.

VA Mission Statement

To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.



About the Columbia VAHCS

The mission of the Columbia VAHCS is to provide Veterans focused, performance driven health care - and the facility has a long and proud history of providing South Carolina Veterans with the highest quality health care.

Constructed in 1932, the first patient was admitted to the Columbia Veteran Affairs (VA) Hospital on December 1, 1932. At that time, the hospital capacity was 306 beds and staff

numbered 457.

The land on which the hospital is situated was known as the Hampton-True tract and was donated by Richland County and the City of Columbia for the erection of a veteran's hospital. It was built by the federal government at a cost of \$1.3 million and consisted of 13 buildings located approximately five miles from downtown Columbia. When first opened, the hospital was a combined facility providing all VA function in the state. In October 1946, activities separated from the hospital and the VA Regional Office was temporarily housed at Fort Jackson Army Hospital until the new Federal Building was completed in downtown Columbia.

The Columbia VA Hospital became affiliated with the University of South Carolina School of Medicine in May 1975. Also in 1975, a satellite outpatient clinic was opened in Greenville, South Carolina, to extend medical care and benefits. In January 1976, ground was broken for a 400-bed replacement hospital with 250,000 square feet of space at a cost of \$32-million. Then in November 1977, ground was broken for a 120-bed nursing home care building with 56,304 square feet at a cost of \$3.5-million. The new hospital was activated in 1979 followed by the nursing home in 1980.

Psychiatry Service was expanded from 34 to 60 beds in 1979. In 1991, ground was broken for a new \$8.7-million 100,299 square foot psychiatry building that was dedicated on June 25, 1993. On August 28, 1978, President Jimmy Carter signed Public Law 95-353 officially naming the Columbia VA Hospital as the "William Jennings Bryan Dorn Veterans' Hospital." A famed United States congressman from South Carolina, William Jennings Bryan Dorn was an Army Veteran who served in the Army Air Forces during World War II.

In Fiscal Year 2016, the WJB Dorn VA Medical Center saw 81,552 unique patients, of which 7,928 were female Veterans. From FY15 to FY16, the WJB Dorn VAMC gained 3.19% in unique patients and experienced an increase of 1.58% in the number of enrollees.

The WJB Dorn VAMC is a level 1B teaching hospital, providing a full range of patient care services, with state-of-the-art technology, education, and research. Comprehensive health care is provided through primary care, tertiary care and long-term care in areas of medicine, surgery psychiatry, physical medicine and rehabilitation, cardiology, neurology, oncology, dentistry, geriatrics and extended care.

Veterans Benefits Administration and the University of South Carolina School of Medicine are located on the campus of WJB Dorn VAMC. Other affiliations are robust for training of nurses and allied health professions. Similarly, medical center leadership has active relationships with the Department of Defense, both with nearby Fort Jackson and Shaw Air Force Base.

VA Outpatient Clinics

Anderson, Florence, Greenville, Orangeburg, RockHill, Spartanburg, and Sumter

Core Faculty and Support Staff of the Columbia VA Physical Therapy Orthopedic Residency Program

Meredith Hall, PT, DPT	CVAHCS Physical Therapy Chief
David Metzfeld, PT, DPT, OMT	Outpatient PT Section Chief
Ulysses Juntilla, PT, DPT, OCS, FAAOMPT	Residency Director CVAHCS Core Faculty
Matthew Anderson, PT, DPT, OCS, FAAOMPT	CVAHCS Core Faculty
Catherine Houston, PT, DPT, OCS	CVAHCS Core Faculty
Steve Matusiak, PT, DPT, OCS	CVAHCS Core Faculty
Rachel Waring, PT, DPT, OCS	CVAHCS Core Faculty
<i>Mentors in specialty areas:</i>	
Cory Sailer, PT, DPT, GCS	CVAHCS Mentor- Acute/ In-Patient/Geriatric Population
Richard Osborn, OTRL, CHT	CVAHCS Hand/Wrist Specialist
Rhonda Grant, PT, DPT, Vestibular Cert.	CVAHCS Neurovestibular
Sarah Derenbecker, PT, DPT	CVAHCS Amputee/OrthoProsthetics Rehab
<i>Mentors in partner sites:</i>	
Cathy Arnot, PT, DPT, OCS, FAAOMPT	University of South Carolina -DPT Program Mentor
Amber Gadow, PT, DPT, PCS	Palmetto- USC Pediatric Rehab Mentor

Residency Program Philosophy

The faculty and staff of the CVAHCS Orthopedic PT Residency are committed to developing residents who are recognized leaders within their specialty. Residents will develop distinction in examination, diagnosis, intervention, consultation, teaching, and the integration of best evidence into the patient care they provide. A resource for the community in prevention and rehabilitation of orthopedic conditions and will contribute to the profession through teaching and leadership.

Mission Statement

To train qualified Doctors of Physical Therapy (DPT) in advanced orthopedic specialty practice employing the mentorship of experienced clinicians, incorporating evidence-informed practice in providing quality care and improved patient outcomes. The program delivers orthopedic clinical experiences, mentoring, and didactic education to advance the level of orthopedic physical therapy practitioners who exercise fiscal responsibility, evidence-informed practice dedicated to meeting the long-term health, wellness, and specialized needs of our Veterans.

Goals and Objectives

Goal 1.

To support the mission of the VA to achieve excellence in veterans patient care services, education, research, and leadership in orthopedic PT practice by sharing the expertise of the faculty to new physical therapy graduates or general practitioners.

Objectives:

- The residency program will provide education focusing on evidence-based and patient-centered care in all elements of the patient/client management model as described in the APTA's Guide to Physical Therapist Practice;
- The residency program will lead to competencies in advanced orthopedic PT practice across the continuum of care, including the orthopedic acute care, chronic musculoskeletal pain, and outpatient musculoskeletal care;
- The faculty will provide clinical mentoring to residents at selected clinical sites within the Columbia VA Health Care System.

Goal 2.

To develop an Orthopedic Residency that meets the credentialing criteria of the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) of the American Physical Therapy Association (APTA).

Objectives:

- The program will recruit qualified physical therapy residents who desire to pursue advanced practice in orthopedic physical therapy.
- The program will support the faculty in receiving continuing education (CE) and training in areas relevant to teaching, mentoring, and advanced practice in orthopedic physical therapy.
- The faculty will evaluate the program performance according to the credentialing requirements of ABPTRFE/APTA, and develop appropriate strategies to improve program outcomes through formal and informal discussion at regularly scheduled and other face to face meetings.

Goal 3.

To provide the post-professional education in advanced practice that integrates the current best evidence about orthopedic physical therapy and foundational sciences in orthopedic rehabilitation.

Objectives:

- The program curriculum, including didactic courses and clinical mentoring, will address all areas of the Description of Residency Practice in Orthopedic Physical Therapy.
- The faculty will provide additional instruction as needed based on the finding obtained through the evaluation of the resident's performance and learning outcomes.

Goal 4.

To produce graduates of physical therapy residency who will demonstrate competencies in advanced orthopedic practice as evidenced by attainment and passing of the orthopedic specialist certification (OCS).

Objectives:

- The program curriculum will prepare the resident to sit for and pass the Orthopedic Clinical Specialist examination on the first attempt after graduation.
- The faculty will mentor the resident in professionalism, advocacy, leadership, professional development, and other scholarly activities, and provide opportunities for the resident to participate in professional meetings at the regional, state, or national levels.
-

Goals for the Residents

Goal 1:

The residents will adapt to emerging roles as physical therapists in the VA health care system.

Objectives:

- Meet the unique rehab needs of Veterans by becoming advanced practitioners of orthopedic physical therapy while being sensitive to VA initiatives;

- Support the mission of Department of Veterans Affairs (DVA) and the Veterans Health Administration (VHA) by providing an organized educational opportunity that facilitates and accelerates excellence in orthopedic physical therapy.

Goal 2:

The residents will demonstrate clinical expertise for advanced practice in orthopedic physical therapy.

Objectives:

- Complete all written, oral, and practical examinations in the didactic and clinical components of the residency successfully in good academic standing (80% and above).
- Attain advanced knowledge and skills in clinical reasoning and evidence based practice to prepare the resident in passing the Orthopedic Clinical Specialist (OCS) examination on the first attempt after graduation.
- Provide efficient and effective patient-centered care consistent with the most recent Orthopedic Physical Therapy Description of Residency Practice and the VA core values.
- Evaluate the ethical and legal considerations that impact orthopedic physical therapy.
- Conduct a systematic search of literature and critically appraise the literature to inform evidence based practice for patients/clients.
- Select appropriate and evidence-based outcome measures in both simple and complex clinical cases and incorporate the exam findings to develop the treatment plan, ongoing reassessment of patient progress, and in the discharge planning process.
- Observe at specialty clinics and multidisciplinary management for patients with orthopedic diseases and disorders.

Goal 3:

The residents will become clinical mentors, teachers, and consultants for other physical therapists and members of the health care community.

Objectives:

- Complete a case report or other scholarly products to present at a national, state or local professional meetings or conferences.
- Develop an educational module on a topic related to advanced practice in orthopedic physical therapy to an interdisciplinary team of health care professionals, physical therapy students, clinical mentors, and/or other physical therapists.

Program Outcomes

1. Utilization of all the elements of physical therapy patient client management model of examination, evaluation, diagnosis, prognosis, intervention, and outcomes..

Practice with advanced, evidence-based clinical decision-making skills, and clinical reasoning in maintaining, restoring, and improving movement, activity, and functioning, thereby enabling optimal performance and enhancing health, well-being, and quality of life.

Utilization of evidence-based and evidence-informed practice in Orthopedic PT to improve the outcomes of the patients (veterans) and their caregivers.

Provide a superior, efficacious orthopedic clinical care to the veterans and incorporating manual therapy skills.

Participate as part of multi-disciplinary team to optimize the management of impairments, activity limitation, participation restrictions related to conditions of the musculoskeletal system..

Become a resource for the community in the prevention and rehabilitation of orthopedic related conditions/pathologies.

Be prepared to sit for and successfully pass the ABPTS examination for board certification in Orthopaedic physical therapy (OCS).

Program Overview

Agreement Duration

This orthopaedic residency will be completed within 12 months, with a maximum of 2,080 hours of instruction and patient care. The Resident is boarded as temporary employee of the VA, during this training period. The anticipated started date for each academic year is July 1 and will end on June 30 the following year. At that time, the Resident agrees that when this Agreement expires or is terminated, the Resident shall immediately deliver any VA property in possession including keys, identification badges, borrowed texts, and other equipment or material, directly to the Columbia Physical Therapy department, unless otherwise instructed. The resident also agrees to file their ABPTS Board exam application in June prior to graduation and sit during the window of examination in February/March the following year unless otherwise specified.

Program Costs

The US Department of Veterans Affairs' Office of Academic Affiliations (OAA) funds all Residency programs in VA. As such, no Resident will have to pay tuition. Upon graduation from the Program, the graduates will sit for the Orthopaedic Specialist Examination through ABPTS. The graduate will be responsible for all costs** associated with testing (Application Fee: \$525 (APTA Member); \$870 (non-member); Examination Fee: \$810 (APTA Member); \$1,535 (Non-member). This process takes place during the last month of Residency.

*** These costs are current as of the date of publish but are subject to change. Please check with APTA to verify.*

Stipend/Financial Compensation

The Resident will receive a stipend through OAA, paid on a bi-weekly basis. OAA sets a predetermined stipend amount annually. The approved Physical Therapy Resident stipend for the 2022-2023 academic year is approximately \$43,760.

Hours of Work

Typical clinical working hours are 8 a.m. to 4:30 p.m. Monday through Friday. During certain didactic rotations at USC-DPT Program and Palmetto-USC Pediatric Clinic, the hours may change (Example: 9 a.m. to 6 p.m.) depending on the university schedule. Times may also be variable during specialty rotations and is dependent on the specialty clinic schedule (e.g. weekend during acute orthopedic clinical rotations). Regardless of the tour of duty assigned, the Resident will work a 40-hour work week. As a lifelong learner, it should be expected that the Resident will commit some personal time to review material to provide high quality care, study for examinations, and to complete assignments and special projects.

Residents Weekly Schedule (during didactic and educational weeks)

Time	Monday	Tuesday	Wednesday	Thursday	Friday
800-900					
900-1000					
1000-1100					
1100-1200					
1230-1300					
1300-1400					
1400-1500					
1500-1600					
1600-1630					

	Patient Care 1:1 Mentoring Hours
	Independent Patient Care
	Clinical Investigation/Grand Rounds
	Didactic Learning/Laboratory
	Directed Learning Activities

Benefits

The standard benefits for a VA Resident include:

- 11 paid federal holidays
- 4 hours of Sick Leave (SL) per pay period, bi-weekly (up to 104 hours over 26 pay periods)
- 4 hours of Annual Leave (AL) per pay period, bi-weekly (up to 104 hours over 26 pay periods)
- Optional health care, dental, and vision coverage

Others: Dues for professional membership is the responsibility of the resident (APTA and Orthopedic Section Membership).

Orientation of Residents

The resident receives orientation to the Physical Therapy Residency Program through a series of activities including:

- Welcome Letter from the Residency Program e-mailed to the resident.
 - Welcome Letter and PT Residency Handbook
- Blackboard (EasyClass) instructions for modules/learning online courses
- Two-day Orientation to the clinic on program policies and procedures and advanced practice sites
 - Orientation is completed face-to-face.

Orientation to Residency Practice Sites:

Departmental orientations include topics such as:

- Departmental organization and goals, and VA mission
- Unit and scope of services, computer access, and CPRS
- Unit/building fire/safety procedures
- Major areas of responsibility, expectations, standards, and competencies
- All policies that affect employees including parking, smoking, dress code, key requests, etc.

Note: NEW EMPLOYEES ORIENTATION is not required for trainees.

Admission, Eligibility, Duties and Expectations of the Resident

Two Residents are accepted into the program each year. Applicants must have USA Citizenship, be proficient in the English language, and have successfully completed a CAPTE accredited Physical Therapy program. Personal interviews are required.

Admission Criteria:

Residents must meet the minimal eligibility criteria for participation in the Program:

1. Be a United States citizen
2. Hold a valid Physical Therapy license (in any state) by the start of the Residency Program (or at least hold a Physical Therapy License Applicant status prior to the start of the program).
3. Have the ability to meet the physical demands of a Physical Therapist.
4. Satisfy the pre-employment physical which include a health screen, including Immunizations.
5. A panel interview at Columbia VA HCS. The panel interview is being conducted by the residency program director, Physical Therapy Department Chief, Outpatient PT Supervisor and two faculty mentors.

Other requirements:

6. Application Essays:

Essays should be typed on separate pages and included with your application.

Describe your reasons for choosing to apply for the Orthopaedic Residency. Indicate any strengths and/or weaknesses that might influence your pursuit of this program. Elaborate on at least two clinical experiences (a particularly challenging or interesting case, a job or a clinical internship) that you feel will contribute to your ability to succeed in our Program. Limit your essay to 1,000 words.

7. Recommendations:

List the three individuals completing letters of recommendation on your behalf. The letters must be attached in your application. One reference must be from a PT who taught the applicant in an

academic setting and one reference must be from a PT where the applicant was employed or was a student.

8. *Curriculum Vitae*
9. *Official Transcripts*

All applicants will apply using the **Residency and Fellowship Physical Therapy Centralized Application System (RF-PTCAS)** at <https://rfptcas.liaisoncas.com/applicant-ux/#/login> . All applications received in full (including official transcripts), will be sent to the Columbia VA residency program after application closure date.

Key Dates:

Application Starts: Mid-January
Application Deadline: March 31
Interviews: April
Applicants Notification: No later than May 31
Residency Begins: July 1

Expected Resident Behaviors

1. Uphold the Code of Ethics for the Physical Therapist and Code of Conduct, as outlined by the American Physical Therapy Association (APTA). The APTA Code of Ethics outlines the ethical obligations of Physical Therapists. Physical Therapist practice is guided by these seven core values:
 - Accountability
 - Altruism
 - Compassion/Caring
 - Excellence
 - Integrity
 - Professional Duty
 - Social Responsibility
2. Follow all VA, Federal, and State policies
 - Orientation Days will cover all necessary policies and procedures through the online VA Talent Management System.
3. Residents must be punctual and be prepared for clinical care, and/or didactic activities scheduled.
4. Residents must present to work dressed professionally, groomed (hair, facial hair, nails), and closed toed shoes.
5. Participating in all aspects of the curriculum is expected:
 - a. Patient care delivery
 - Provide safe, effective, and compassionate patient care, that parallels the level of skill reflective of specialist practice
 - b. Didactic lectures
 - c. Laboratory sessions
 - d. Journal Club participation
 - e. Research activities
 - Research activities may include literature review, any part of Institutional Review Board proposal activities, data collection, data analysis, manuscript writing, and/or submission
 - f. Evidence-based practice activities
 - Perform self-driven, and complete assigned literature collection and review. This includes performing Critically Appraised Topics
 - g. Teaching activities
 - Pre-professional students
 - Inter-professional colleagues

6. Duties and responsibilities as assigned by the faculty.
7. Complete all evaluation forms within the indicated time frame.
8. Maintain a body regions log, due to the director at the end of each month.
9. Maintain an axial and appendicular outcome measures log.
10. Submit faculty and mentor evaluations at the Midterm and Final evaluation weeks.
11. Be open to constructive feedback.
12. Use suggestions and feedback to make changes in performance, behavior, or critical thinking.
13. Flexibility during unplanned conditions or circumstances.
14. Be generous with time and patience with others.
15. Ensure that personal matters do not interfere with professional responsibilities.
16. Be willing to offer feedback to mentors and faculty regarding the program's ability to meet its goals.
17. Audio or video recording of any lectures will require written permission from faculty.
18. Copying, reproduction, and sharing of exams is strictly prohibited.
19. Residents are expected to take initiative request for additional advisement hours with faculty, staff, and/or mentors, even if those hours fall outside the usual tour of duty.
20. Perform active self-evaluation and self-reflection.
21. Be an example of what it means to be a life-long learner.

It is vital that Physical Therapists create a culture of learning to create forward momentum for the profession. While all characteristics of a professional are difficult to identify in totality, lifelong learning, mentorship, progress, and professional exchange of evidence based information should be at the forefront of any specialist practice. Residents are expected to uphold these values long after graduation.

Obligations of the Residency Program:

1. Develop an exceptional, evidence-based orthopaedic residency that is accredited by the American Board of Physical Therapy Residency and Fellowship Education and in accordance with the Description of Specialty and Residency Practice.
2. Provide qualified mentors to supervise residents during 1:1 patient treatment.
3. Provide instruction associated with the residency program.
4. Provide resident with orientation information about the residency program.
5. Provide resident with an orientation of their clinical work site.
6. Ensure that resident meet all necessary requirements for licensure in the state where they will see patients.
7. Ensure that clinics and training facilities are in accordance with state and federal laws and regulations.
8. Permit designated personnel at the clinical facilities to participate in the program to enhance resident education without disrupting patient treatment.
9. Retain ultimate professional and administrative accountability for patient care.
10. Have the right to terminate the resident from participation in the program if they do not perform satisfactorily, fail to meet the eligibility requirements described above, or fail to comply with policies and procedures set forth by the program.
11. Have the right to withhold certificate of completion upon finishing the residency program if the resident fails to meet the following criteria:
 - At least 80% on the final compilation of scores.
 - With the following criteria in compilation of scores:*
 - ✓ The average of scores on the Major Written Examinations (MWE) is **(15%)** of the final Residency grade.
 - ✓ Live Patient Exams (LPE) is **(15%)** of the final Residency grade.
 - ✓ Modular/Didactic Assignments/Quiz is **(15%)** of the final Residency grade.
 - ✓ Technique Practical Exams (TPE) is **(20%)** of the final Residency grade.
 - ✓ Case-Critically Appraised Topic (CAT) assignments is **(15%)** of the final Residency grade.
 - ✓ Manual Therapy Interventions (MTI) and Practice Dimensions Assessments is **(10%)** of the final Residency grade.
 - ✓ Learning Experiences (LE) is **(10%)** of the final Residency grade.
 - Completion of the orthopedic diagnosis/ patient logs and feedback forms required by the residency program.

- Completion of **1,650 patient care hours inclusive of 172 hours of 1:1 mentoring and 430 educational hours** required by the Program and the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).
- Have the right to offer a remediation period for the resident who is unable to complete requirements.
 - See *remediation policies/procedures*

Designated Learning Experiences

Experiential mentorship will be delivered in a 1:1 fashion with a minimum of 172 hours with clinical faculty. Advanced manual therapy interventions, including spinal manipulation and an opportunity for the Residents to mentor Doctor of Physical Therapy students, as well as provide didactic lectures to clinical staff in the PMR department, Primary Care and Columbia VA clinical education are available.

Academic teaching experience will be available through partnership with the University of South Carolina-DPT Program. A 16-hour exposure with academic mentor is available.

Learning experience in special population ages 0-21 is also available through partnership with the Palmetto-Health USC Orthopedics Pediatric Rehab. A 16-hour Pediatric specialist mentor exposure is available supplementing on-line didactic learning. All clinical care experiences will be completed at the Columbia VA campus. For Elbow, Hand and Wrist medical conditions, a 16-hour observation in Hand Clinic with a hand certified specialist mentor is available.

Other Learning Opportunities

The Columbia VA Health Care System has a number of clinics and programs housed within the Physical Therapy Section, as well as the Physical Medicine and Rehabilitation Service. The majority of the Resident's experience will be in an ambulatory care setting for those with primarily orthopaedic diagnoses. The Resident will also have the opportunity to deliver services to Veterans during scheduled rotations in specialty clinics at the Greenville campus.

Outpatient Orthopedic Rehabilitation: The majority of the Resident orthopaedic training will be at this site, where the Resident will be evaluating and treating patients with neuromusculoskeletal conditions. The Resident will have experience in determining pathoanatomic and kinesiopathologic diagnoses, and implementing a plan of care, reflective of contemporary evidence.

Pain Programs: Pain programs are hosted under the Pain Clinic of the PM&R Service. PT services include the Outpatient Interdisciplinary Pain Program and Rehabilitation Tai Chi and Yoga Programs. These services are offered by staff certified in Therapeutic Pain Education. The residents will be able to participate in each program listed above and performing evaluation/follow-up treatments with patients focused on patient education and whole health initiatives.

Inpatient/Acute Rehabilitation: The residents will be responsible for evaluating and treating Veterans in the progression of the post-acute phase of recovery and postoperative patients for total joint replacements. The majority of the caseload will be total joint replacements, amputees, and multi trauma patients. The residents will be responsible for communicating with all providers, presenting in grand rounds, discuss care with family members and participate in discharge planning.

Vestibular: The Columbia PT Vestibular/Neurological rehabilitation program adopts current technology such as telehealth, Frenzel lenses, neurocom, and other gait assisted electro modalities training. The residents will be responsible for identifying tests and measures to rule in/out cervicogenic dizziness and other related diagnoses in the Cervical Spine and TMJ. This experience will meet the objectives established in the monograph.

Amputee/Prosthetics Clinic: This interdisciplinary clinic manages all aspects of care for a post-operative amputee to chronic amputation of the lower extremity. The residents will participate in outpatient rehab to

evaluate and treat amputees in different stages of recovery. Services will also include prosthetic fitting and training. This experience will meet the objectives established in the Orthopedic Management of Amputations Monograph.

Hand Clinic: The residents will be required to participate in a 16-hour observational experience with a Certified Hand Therapist (CHT) within the OT Department of the PM&R Service. The primary caseload for this requirement will include injuries, chronic conditions, or surgical procedures of the hand, wrist, and elbow. This experience will meet the objectives established in the Elbow, Wrist, and Hand Monograph.

Resident Evaluation Process

Residents will be evaluated by examinations, completion and thoroughness of assignments, active participation in scholarly activities and evidence-based practice activities.

- ✓ **Three Major Written examinations (MWE):** Residents will complete three written, 100-item multiple-choice, and essay examinations. These examinations will occur during the first two weeks of the Program (to attain baseline data), the Midterm period (December), and the Final period (June). The Midterm examination will include specific content from curriculum covered in the first half of the program. The second exam will occur in June and will cover the remaining content. The required passing score (Midterm and Final) is 80%. Residents who fail to achieve an average of at least 80% on a written exam will be offered the option to take a second written exam addressing missed content. Failure to pass the second exam will result in a remediation plan that includes additional written examinations.
- ✓ **Four Live Patient Exams (LPE):** Residents will complete four LPEs on actual patients in real clinic time. LPEs will be administered by a member of the residency faculty and will be graded using specific evaluation rubric. LPEs will occur within the first two weeks of Residency, three months (October), Midterm (December), and Final (June) period, as outlined above. If the resident fails to achieve the minimal allowed score (80%), the Resident must retake the exam within four weeks of the failed LPE. Failure to pass the second exam will result in a remediation plan that includes additional LPEs.

For additional information, please see the **Probation** section for Residents who fail to achieve the minimum examination scores.

- ✓ **Completion of Case Critically Appraised Topic (CAT):** Residents will submit six (every 2 months) CAT assignments from special clinical cases encountered in the clinic and are supplemented by journal studies/meetings. This will be presented as an in-service to the staff during education Friday. Parameters included in the assignments are: formation of a PICO question, search query efficiency, and application of the evidence to a clinical question. The format and grading is through the 'Case Presentation Guidelines and Grading Rubric;' 80% is a required passing mark (Cumulative grade of all six presentations). The resident may select from these CAT which will be submitted for state (SCAPTA), or national (CSM) presentation and will be submitted using the Grading Rubric for Final Case Manuscript Report Template.
- ✓ **Techniques Practical Examinations (TPE):** Residents will perform four (quarterly) TPEs that will assess their ability to perform specific tests and/or interventions *related to each area of curricular content on schedule***. TPEs will occur in in September, December, March and June and will be graded using a defined rubric (Orthopaedic Physical Therapy Procedures Performance Assessment Tool). Parameters to be scored will include, but are not limited to, technique performance, clinical rationale for technique, patient communication, and appropriate safety measures; 80% superior performance is expected.

If the resident fails to achieve at least 80% the resident may retake a TPE. Failure to pass the second TPE will result in a remediation plan that includes additional TPEs.

- ✓ **Manual Therapy Interventions (MTI) Assessment:** This is performed twice, Midterm and Final examination on MTI occurring in *December and June*. A list of common and advanced manual therapy procedures will be provided at least two weeks prior to the scheduled exam. The Midterm examination will include specific content from curriculum covered in the first half of the program. The second exam will occur in June and will cover the remaining content. On examination day, the resident will select (blinded) six techniques for graded assessment. Resident will be required to satisfactorily demonstrate competency in these interventions. Oral-Practical MTI 'Examination Grading Rubric' will be used to assess residents on each intervention; 80% is required to successfully pass the MTI assessment.

****For example:** At the end of the lumbar spine didactic module, a lumbar spine interventions skill check, using the Orthopaedic Physical Therapy Procedures Performance Assessment Tool, will take place. All manual therapy intervention skills must be demonstrated by the Resident by the end of the program via MTI assessment.

Compilation of scores for Final Grading:

- The average of scores on the Major Written Examinations (MWE) is **(15%)** of the final Residency grade.
- Live Patient Exams (LPE) is **(15%)** of the final Residency grade.
- Modular/Didactic Assignments/Quiz is **(15%)** of the final Residency grade.
- Technique Practical Exams (TPE) is **(20%)** of the final Residency grade.
- Case- Critically Appraised Topic (CAT) assignments is **(15%)** of the final Residency grade.
- Manual Therapy Interventions (MTI) and Practice Dimensions Assessments is **(10%)** of the final Residency grade.
- Learning Experiences (LE) is **(10%)** of the final Residency grade.

Administrative Policies and Procedures

Non-Discrimination Policy

The Columbia VA Physical Therapy Department strives to provide fair and equitable trainee selection, admission, evaluation, and retention practices as they relate to providing trainees with clinical education experiences. Physical Therapy students and Residents are considered trainees within VA. The Program does not discriminate on the basis of race, creed, color, gender, age, national, or ethnic origin/ background, marital status, sexual orientation, disability, or health status. It is the policy of the Physical Therapy Education Program to recruit/select, admit, evaluate, and retain trainees on a non-discriminatory basis. It is the intention of the department to exercise compliance, due diligence, and exhibit constitutional integrity. As such, the Program strives to be transparent, and comply with all departmental, hospital, Equal Employment Opportunity, APTA, and ABPTRFE-related policies and guidelines.

The Program will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in unreasonable or undue hardship. This policy is emphasized to ensure compliance with all applicable federal, state, and local laws relating to equal opportunity.

Privacy, and Confidentiality Policies

Lawful and ethical protection of confidentiality is expected. All facilities within the Veterans Health Administration (VHA) abide by the Health Insurance Portability and Accountability Act (HIPAA). This facility, and all facilities within the (VHA) must complete the following courses regarding Privacy and Confidentiality prior to any patient interaction:

- VA Privacy and Information Security Awareness and Rules of Behavior

- Privacy and HIPAA Training

Additional courses may be assigned by the facility. These courses are to be completed via the VA's online Talent Management System 2.0.

BLS Certification

BLS certification is required for: all clinically active staff employed within VA, that includes all individuals that provide direct clinical care to patients. Health profession trainees (e.g., medical students, nursing students, clinical pharmacy students, residents) are responsible for maintaining the BLS or ACLS certification required by their national accrediting body or local program certification standards.

Leave Policy

Both Sick and Annual Leave are available for Residents to use, only *if* there are a sufficient number of hours accrued in the Resident's leave bank. Planned SL can be used for medical appointments or illnesses. If SL will be used for a medical appointment, the Resident must notify the Residency Director and the Outpatient Physical Therapy Section Chief within 24 hours of the Resident's knowledge of said medical appointment, so proper scheduling adjustments can be made in the Resident scheduling grid. If SL is unplanned due to an illness, the Resident must notify both the Director and Outpatient Physical Therapy Section Chief *prior* to the start of duty. This may mean sending the Director a message through personal phone lines, in order to expedite the scheduling needs for the day. Leave must be entered into the online VA Time and Attendance portal (VATAS), within two hours of returning from SL. Planned and unplanned SL come from the same bank of SL hours. AL can be used for personal time. Any AL requests must be submitted and approved 60 days prior to the planned time off, to allow for proper scheduling changes. All leave requests must be submitted in writing to the Director and Outpatient Physical Therapy Chief. A confirmation of approval of both the Director and Section Chief must be attained prior to taking AL and planned SL. All requests must also be submitted into VATAS. Otherwise, the automated stipend payments to the Resident may be affected. Proper tracking of Resident hours is required to fulfill the requirements set forth by ABPTRFE.

Retention: Maintaining Active Status

In order for the Resident to maintain Active Status in the program, minimal requirements include:

- Follow all national and local VA policies (which can be subject to change)
- Abide by the Physical Therapist and Code of Conduct
- Complete all assigned work (scholarly, didactic, and administrative feedback forms)
- Meet academic benchmarks (80% on the written examination and on live patient examinations)

Retention: Post Residency Graduation

Participation in the Program does not entitle the Resident to be employed by the Columbia VA Health Care System or Department of Veterans Affairs upon completion of the Program. The Resident understands and agrees that Columbia VA Health Care System or the Department of Veterans Affairs has not made any representation as to the availability of future employment. However, the VA's vision for the future of Physical Therapist practice embraces the idea of recruiting from a pool of highly skilled, high performing, and dedicated Residency Graduates. High performing graduates will be taken into consideration should positions become available in the future.

Malpractice Insurance

A trainee working under the direction of a VA employee at a non-VA facility with which we have an agreement for the care of veterans is protected from personal liability by the Federal Tort Claims Act. When providing professional services at a VA health care facility, protection of supervising practitioners (except those providing services under a contract with VA) and trainees of the affiliated institution are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

- The government is liable, under the Federal Employees Liability Reform and Tort Compensation Act 28 U.S.C.2679 (b)-(d), which amends the Federal Tort Claims Act, for malpractice claims involving trainees who were acting within the scope of their educational program. Trainees in both VA-sponsored and affiliate-sponsored programs are covered for malpractice claims under this act.
- All trainees must be supervised by practitioners with relevant clinical privileges during all clinical activities related to their specific educational program. The supervising practitioner is professionally and legally responsible for the care provided by trainees.
- The policy for notification of licensed practitioners that a claim for malpractice has occurred is specified in VHA Directive 2009-032. Under this policy, the medical center director must provide written notification to all named licensed practitioners who were assigned to provide care to the patient listed in the tort claim. This notification must occur within 30 days from the date that a Regional Counsel notifies a director that a claim for medical malpractice has been filed under the Federal Tort Claims Act. In addition, the DEO, the training program director, and any trainees listed in the claim must be notified.
- The VA medical center has a responsibility, as a part of its monitoring procedures for trainee supervision, to review any incident reports and tort claims involving trainees. Trainees will not ordinarily be reported to the National Practitioner Data Bank unless an individual trainee was grossly negligent, disregarded instructions of the supervising practitioner, or acted with willful professional misconduct (38 CFR Part 46; Policy Regarding Participation in National Practitioner Data Bank). Generally, it is the name of the supervising practitioner that is entered into the NPDB and not the trainee.
- VA-sponsored trainees who engage in clinical activities at a non-VA site are provided the same protection by the Federal Tort Claims Act as if they were at the VA as long as this provision is appropriately addressed in the Affiliation Agreement with the non-VA site. (See VHA Directive 1402.1, Malpractice Coverage of Trainees in VA-sponsored Programs When They Are Performing Professional Services at a non-VA Facility).

Probation Period

As temporary employees, Residents do not have a probationary period and may be terminated or dismissed from the Program at any time for grounds specified in the **Remediation and Due Process Policies and Procedures** below. However, a finite remediation period may be granted to Residents with unsatisfactory performances on any written or live patient examination. This remediation period can last up to eight-weeks. A score of **less than 70%** on the written examination will result in additional assigned, focused, independent study, and a re-test by the eighth week of the remediation period. Additionally, any egregious behavior or conduct unsuitable of a professional may also warrant an eight-week remediation period. At that time, the Resident will be subject to VA Remediation and Due Process (Remediation and Due Process Policies and Procedures).

Remediation and Due Process Policies and Procedures

Purpose

To provide procedures available to Physical Therapy trainees (physical therapist assistant students, physical therapy students, physical therapy doctoral interns, and physical therapy post-doctoral residents) within the Physical Medicine and Rehabilitation Service. This section provides information on problematic behavior or impairment, a process for the remediation of problems, possible sanctions, and due process, with respect to grievances.

Policy

All personnel, including trainees, have the right to receive due process in matters of disagreement with supervisory staff. The Code of Ethics for the Physical Therapist and Code of Conduct from the American Physical Therapy Association (2010) provide guidance regarding professional interactions and conflict resolution among Physical Therapists and other Professionals.

Definition of Problematic Behavior

For the purposes of this policy, problematic behavior is defined broadly as an interference in

professional functioning that is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional behaviors and ethical standards.
2. An inability to acquire the level of professional skills necessary to reach an acceptable level of competency
3. An inability to control personal stress, psychological problems, and/or excessive emotional reactions that interfere with professional functioning.

Ultimately, it becomes a matter of professional judgement as to when a Resident's behavior is seriously impaired. However, problems typically become identified as impairments when they include one of more of the following characteristics:

1. The Resident does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit that can be rectified by further supervision.
3. The quality of the Resident's service deliver is negatively affected
4. The problem is not restricted to one area of professional functioning
5. A disproportionate amount of attention by residency faculty or mentors is required
6. The Resident's behavior does not change as a function of feedback, remediation efforts, and/or time.

Remediation Alternatives

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanctions, the residency faculty and mentors must be mindful and balance the needs of the impaired or problematic Resident, the patients involved, other Residents, and other pertinent stakeholders. The information below is a synthesis **for VA Handbooks 1400.08, 5019, and 5021** regarding Due Process for Trainees and the Employee Assistance program.

1. Verbal Warning to the Resident emphasizes the need to discontinue inappropriate behavior under discussion. No record of this action is kept.
2. Written Acknowledgement where the Resident is presented with documentation that where he/she must acknowledge:
 - a. The Residency Director is aware of and concerned with the Resident's performance or behavior
 - b. Said concern(s) has been brought to the attention of the Resident
 - c. The Residency Director will work with the Resident, and/or residency Faculty and Mentors to problem-solve skill deficits and that the behaviors associated with the concerning behaviors are not significant enough to warrant more serious action.

This Written Acknowledgement will be removed from the Resident's file when the resident responds to the concerns and successfully completes the residency.

3. Written Warning to the Resident indicates the need to discontinue an inappropriate action or behavior. This letter will contain:
 - a. A description of the Resident's unsatisfactory performance
 - b. Actions needed by the Resident to correct the unsatisfactory behavior
 - c. The time line for correcting the problem
 - d. What action will be taken if the problem is not corrected
 - e. Notification that the Resident has the right to request a review of this action
 - f. A copy of this letter will be kept in the Resident's file by the Program Director.

Consideration may be given in removing this letter at the end of the residency by the Director in consultation with Faculty, Program Coordinator, Physical Therapy Chief, and the facility's Designated

Education Officer (DEO). If the letter is to remain in the file, documentation should contain the positions statements of the parties involved in the dispute.

4. Schedule modification is a time-limited, remediation-oriented, closely supervised period of training designed to return the resident to a more fully functioning state. Modifying a Resident's schedule is an accommodation made to assist the Resident in responding to personal reactions to environmental stress, with the full expectation that the Resident will complete the Program. This period will include more closely scrutinized supervision conducted by the Training Faculty in consultation with the Residency Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
 - a. Increasing the amount of supervision, either with the same or other supervisors
 - b. Change in the format, emphasis, and/or focus of supervision
 - c. Recommending personal therapy
 - d. Reducing the resident's clinical or other workload
 - e. Requiring specific academic coursework
5. Suspension of Direct Service Activities requires a determination that the welfare of the Resident's patients has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Residency Director in consultation with, PT Supervisors/Chief, Hospital DEO, and Human Resources. At the end of the suspension period, the Resident's supervisor, in consultation with the PT Chief and DEO, will assess the Resident's capacity for effective functioning and determine when direct service can be resumed.
6. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the residency, this will be noted in the resident's file. The Residency Director in consultation with the PT Service Chief and DEO will inform the resident of the effects the administrative leave will have on the resident's stipend and accrual of benefits. Human Resources guidance will also be needed in this process.
7. Dismissal from the Residency involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions, after a reasonable time period, do not rectify the impairment and the resident seems unable or unwilling to alter her/his behavior, the Residency Director will discuss with the PT Supervisors/Service Chief and DEO the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APTA Code of Ethics, or when imminent physical or psychological harm to a patient is a major factor, or the resident is unable to complete the residency due to physical, mental or emotional illness.
8. Residents in jeopardy of not successfully completing the residency within the allotted time frame may require an unpaid extension, up to a maximum of six weeks beyond the residency end date, for remediation purposes.

Adverse Action where performance problems are serious or egregious in nature must follow established VA procedures, found in **VA Handbook 5021**. In addition to the remediation alternatives listed, disciplinary action may result in the Resident's referral to the VA Employee Assistance program (EAP). It is a voluntary program with short-term counseling and referral services that is voluntary. This program is detailed in **VA Handbook 5019**.

Procedures for Responding to Inadequate Performance by a Resident

If a Resident receives an unsatisfactory rating, fails any written assignments or exams, or if a staff member has concerns about a Resident's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. Issues can be discussed with the Residency Director at any time, but they should first be addressed within the supervisory relationship. The Residency Director will encourage such direct resolution.
 - If the resident has a problem that directly involves the Residency Director, he or she is encouraged to address that problem first with the Director. If an issue with the Director is not resolved in a satisfactory fashion, the Resident is encouraged to discuss the issue with the Outpatient PT Chief.
2. If the initial discussions are unsuccessful within a short time (e.g., one to two weeks), the Residency Director will meet with the Resident(s) and Supervisor(s) to assist in problem resolution. At this point the Residency Faculty, Program Director, Section Chief, and the DEO will be apprised of the problem and the steps taken to attempt resolution.
3. If this process does not quickly resolve the problem or the problem promptly recurs, the Residency Faculty will become formally involved in discussions leading to a solution. The Supervisor(s) and Resident(s) may be asked to attend the Faculty meeting to discuss the problem and alternative solutions, especially if the problem involves either ethical issues related to patient care or possible changes in the student's program of training. A remediation alternative may be suggested, as described above.
4. If the problem cannot be resolved through these steps or if the Residency Faculty believes that the nature of the resolution lies outside its scope of authority, the Outpatient PT Chief, Human Resources, DEO, and/or other hospital administrators may be consulted to assist in planning and adjustments.
5. Whenever a decision has been made by the Residency Director about a Resident's training program or status in the agency, he/she will inform the Resident in writing and will meet with the Resident to review the decision. This meeting may or may not include the resident's Supervisor(s).
6. The Resident may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented below.

Due Process

Due process ensures that decisions about residents are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all trainees, and provide appropriate appeal procedures available to the resident. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the Residents, in writing, the Program's expectations related to professional functioning. Discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding impairment.
4. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the Resident that describes how the Resident may appeal the program's action, as covered in this handbook.

6. Ensuring that residents have sufficient time to respond to any action taken by the program.
7. Using input from multiple professional sources when making decisions or recommendations regarding the resident's performance.
8. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Grievance Policies

CVAHC PT Residency Policy

This section provides guidelines to assist Residents who wish to file complaints against staff members. In general, there are two situations in which grievance procedures can be initiated:

1. In the event a Resident encounters any difficulties or problems with staff members (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, a resident can:
 - a) Discuss the issue with the staff member(s) involved
 - b) If the issue cannot be resolved after this discussion, the Resident should discuss the concern with the Residency Director
 - c) If the Residency Director cannot resolve the issue, the Resident and Director should discuss the problem with the Outpatient PT Chief/ PT Chief.
 - d) If the Resident has a concern with the Residency Director that has not been resolved through discussion with the Director, the Resident can discuss the problem with the PT Chief/Supervisor.
 - e) If the PT Chief cannot resolve the issue, the Resident can formally challenge any action or decision taken by the Director, the Supervisor or any member of the Faculty by following this procedure:
 - a. In the event that the Resident has a concern with the Director and/or PT Chief, the Resident can discuss the problem with the Associate Chief of Staff for Education/DEO prior to filing a formal complaint (as noted above). The Resident should file a formal complaint, in writing and all supporting documents, with the Director. If the Resident is challenging a formal evaluation, the Resident must do so within five days of receipt of the evaluation.
 - b. Within five days of a formal complaint, the Residency Director must consult with the PT Chief and implement Review Panel procedures (described below).
 - f) If a Faculty member has a specific concern about a Resident (other than inadequate performance), the staff member should:
 - a) Discuss the issue with the resident(s) involved
 - b) Consult with the Residency Director

If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the Residency Director for a review of the situation. When this occurs, the Director will, within five days of a formal complaint, consult with the PT Chief and implement the Appeal and Review Panel procedures (described below).

Grounds for Early Termination or Dismissal

1. Academic dishonesty
2. Breach of any pertinent Columbia VA Health Care System, Physical Medicine and Rehabilitation Service, or Physical Therapy Section policies and procedures
3. Failure to abide by the American Physical Therapy Association's Code of Ethics
4. Failure to meet the requirements for any assigned course or rotation
5. Failure to fulfill requirements or obligations set forth within a remediation plan
6. Unexcused or excessive absences, and/or excessive tardiness

7. Criminal activity and/or ethical violations
8. Loss or suspension of Physical Therapy license due to disciplinary action
9. Failure to meet employment requirements at the Columbia VA Health Care System or the Physical Therapy Section
10. Failure to abide by the state practice act where the Resident holds a license

Random Drug Testing Notification and Acknowledgement Health Professions Trainee (HPT) in Testing Designated Positions including Residents

The VA nationally has established a Drug-Free Workplace Program, which includes random testing for the use of illegal drugs by employees (including trainees). All residents and fellows who rotate at the VA will be subject to the VA's random drug testing program.

This is to notify you that as an HPT in a sensitive position you may be subject to random drug testing. The testing procedures, including the collection of a urine specimen, will be conducted in accordance with Department of Health and Human Services (HHS) Guidelines for Drug Testing Programs.

Positive Tests

You will be given the opportunity to present a prescription from your doctor to explain prescribed medications during an interview with a VA Employee Health Physician.

If you are found to be using illegal drugs or using legal drugs without a valid prescription, you will be removed from duty and sent to CVAHCS Employee Health.

VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who:

- refuses to be tested,
- refuses to obtain counseling or rehabilitation after a verified positive drug test, or
- does not refrain from illegal drug use after a verified positive drug test.

What Drugs Will They Be Testing For?

- Marijuana
- Opiates
- Cocaine
- Amphetamines
- Phencyclidine (PCP)

Vaccines and Health Profession Trainees (HPT)

HPT's are appointed as temporary employees of the DVA. As such, HPTs are subject to laws, policies and guidelines posted for VA Staff members.

The VA is mandating that all VHA health care personnel, including HPTs, be vaccinated for COVID-19 by October 7, 2021. Unvaccinated staff who interact with Veterans are putting Veterans at risk.

All HPTs training in a VA facility must be fully vaccinated or have an exemption filed (medical or religious) with the DEO office. (Form: <https://vawww.va.gov/vaforms/medical/pdf/VA%20Form%2010-263%20COVID-19%20Vaccination.pdf>)

ABPTRFE Policy

All Residents have right to file a formal complaint with the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE). Residents contact ABPTRFE directly if they feel that the Program has not met the achieved expectations as outlined in this handbook. Residents may find additional information at: <http://www.abptrfe.org/Complaints/>

Appeal and Review Panel and Process

When needed, a review panel will be convened by the PT Chief/Supervisor and DEO. The panel will consist of three staff members selected by the PT Chief with recommendations from the Residency Director and the Resident involved in the dispute. The Resident has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. Within five work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three work days of the completion of the review, the Review Panel submits a written report to the PT Chief, including any recommendations for further action.

Recommendations made by the Review Panel will be made by majority vote. Within three work days of receipt of the recommendation, the PT Chief will either accept or reject the Review Panel's recommendations. If the PT Chief rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the PT Chief may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision. If referred back to the panel, they will report back to the PT Chief within five work days of the receipt of the PT Chief's request of further deliberation. The PT Chief then makes a final decision regarding what action is to be taken. The Residency Director informs the Resident and staff members involved of the decision and any action taken or to be taken.

If the Resident disputes the PT Chief's final decision, the Resident has the right to contact the Associate Chief of Staff for Education/DEO to discuss this situation. If the Resident disputes the Associate Chief of Education's/DEO's decision, the Resident has the right to contact the Department of Human Resources to discuss this situation.

Participant Tracking

Data on Resident performance and the Resident's evaluation of the program will be collected at timed intervals. Resident performance evaluations will include *written examinations, live patient examinations, manual therapy performance assessments, and scholarly assignments*— Journal Club participation and completion of Critically Appraised Topics. Scored examinations will take place at two weeks, Midterm (approximately week 26) and at the Final (approximately week 50). The Resident's evaluation of the program's performance will also be collected at the Midterm and Final weeks. These will include Faculty and Mentor evaluations, a general program evaluation form, as well as completion of a Resident Body Regions log, to track the Primary Health Conditions the Resident is exposed to. This will allow the faculty to assess the facility's ability to provide well-rounded clinical experiences.

At the end of the Program, Residents will complete an exit interview to collect qualitative data on how, in the Resident's opinion, the program can improve its ability to maintain the mission of the program, make strides to reach or surpass benchmarks, or how the program may need to modify its outcomes. Additionally, a Post-Graduate Survey will also be mailed to Resident graduates one year after completion of the Program. This Post-Graduate Survey will be sent annually in order to track longitudinal outcomes of Graduate Residents.

Cancellation

CVAHCS and Department of Veterans Affairs reserves the right to cancel the residency program after an offer letter may have been accepted, before the beginning of a session, because of changes in *levels of funding, inadequate staffing, insufficient enrollment or other operational reasons*. The Columbia VA Health Care System and the Department of Veterans Affairs shall have no obligation to pay wages or a stipend, or provide any of the benefits described in the offer letter, or any benefits detailed in this handbook, for any period after the program has been canceled.

Curriculum and Program Structure

The Columbia VA Orthopaedic Physical Therapy Residency is a 12-month program that starts a new cohort in July. Residents are full-time, one-year limited appointment employees with the VA (with benefits) who work 30 hours per week independently in the clinic. Additionally residents complete weekly learning activities in a mixed format (reading, researching, discussion, observation, online posts, lab practice and teaching). An example of a typical week may be:

Residents Weekly Schedule (Educational Week)

Time	Monday	Tuesday	Wednesday	Thursday	Friday
800-900					
900-1000					
1000-1100					
1100-1200					
1230-1300					
1300-1400					
1400-1500					
1500-1600					
1600-1630					

	Patient Care Mentoring Hours
	Independent Patient Care
	Clinical Investigation/Grand Rounds
	Didactic Learning/Laboratory
	Directed Learning Activities

Residency Hours Distribution:

1650* - Patient Care Hours inclusive of 172 hours of 1:1 In-Person Mentoring

430 - Education Hours

2080* - Total Educational Residency Hours (*including 88 hrs. of Federal Holidays)

There are 14 modules that make up the didactic component of the CVAHCS Orthopedic Physical Therapy Residency. The development of the curricular contents in these courses was completed by referencing the American Board of Physical Therapy Specialties (ABPTS) Orthopedic Description of Residency Practice (DRP) and Orthopedic Physical Therapy Residency Curriculum by the Orthopedic Section (AOPT)* of the American Physical Therapy Association (APTA).

The skills and didactic knowledge described are requirements for advanced clinical practice and are included in the curricular modules. Modules 1, 2, and 3 (Introduction to Orthopedic PT Theories/ Clinical Reasoning, Evidence Based Practice and Research Methods and Advanced Pain Science) are the modules that will be covered in the first six weeks during Educational Weeks that will serve as introductory modules to cover clinically relevant theories, critical inquiry, advanced pain education, and research principles that will prepare the residents for the clinical mentoring and independent clinical experience.

These modules are presented through multimodal approaches. Residents performs independent readings, monograph and journal reviews and then supplemented with an online blackboard platform

			Module	Weeks	Faculty
a	h		1. Introduction to Orthopedic PT Theories, Screening and Clinical Reasoning**	2	Waring
f	g		2. Evidenced Based Practice, Outcomes in Ortho PT and Clinical Research Methods**	2	Matusiak
Journal References			3. Pain Science for Advance Practitioner**	2	Houston
j			4. Movement Science/Kinesiology	2	Anderson
c	b	d	5. Postoperative Management of Orthopedic Surgeries, Pharmacology and Clinical Imaging	3	Houston
a			6. Cervical Spine, Maxillofacial and Craniomandibular Joint Module	5	Juntilla
a			7. Shoulder and Thoracic Spine/Ribs Module	5	Anderson
a			8. Elbow, Wrist and Hand Module	4	Matusiak
a			9. Lumbar Spine and Sacroiliac Joint Module	5	Juntilla
a			10. Hip and Pelvic Girdle Module	3	Waring
a			11. Knee/Thigh Module	3	Anderson
a			12. Leg, Foot and Ankle Module	3	Waring
i			13. Orthopedic Management in Special Patient Population: Pediatrics**	2	Houston
e			14. Frontiers in Ortho PT including Professional Roles, Responsibilities and Values	2	Matusiak
				43 weeks	

(www.easyclas.com) with the faculty for discussion forum, assignments and post-module competencies. The modules are designed and represents progression of learning so that the congruency between the didactic and clinical components of the residency experience is ensured. Modules related to diseases and disorders encountered in orthopedic physical therapy practice and those related to physical therapy examination, evaluation, and intervention are taught in sequence so that the residents have the opportunity to build upon previous didactic knowledge as they move towards advanced clinical practice. This allows the residents to have baseline knowledge as their clinical practice exposure becomes more complex.

AOPT Residency Curriculum*:

- a. Current Concepts of Orthopedic Physical Therapy, 4th Ed.
- b. Clinical Imaging
- c. Postoperative Management of Orthopedic Surgeries
- d. Pharmacology
- e. Frontiers in Orthopedic Science
- f. Basic Research Methods for Understanding PT Literature
- g. Outcomes in Orthopedic PT Practice
- h. Screening for Orthopedics

Other references:

Pediatric Orthopaedics:

- i. Paterno, Mark V., and Steven R. Tippet. "Considerations for the Pediatric Patient." Musculoskeletal Interventions: Techniques for Therapeutic Exercise, 4e Eds. Barbara J. Hoogenboom, et al. McGraw Hill, 2021.

Movement Science:

- j. Hamilton N, & Weimar W, & Luttgens K(Eds.), (2011). Kinesiology: Scientific Basis of Human Motion, 12th Edition.

Pain Science:

- Diener I, Kargela M, Louw A. Listening is therapy: Patient interviewing from a pain science perspective. *Physiother Theory Pract.* 2016 Jul;32(5):356-67.
- Hylands-White N, Duarte RV, Raphael JH. An overview of treatment approaches for chronic pain management. *Rheumatol Int.* 2017 Jan;37(1):29-42.
- Louw A, Zimney K, Puentedura EJ, Diener I. The efficacy of pain neuroscience education on musculoskeletal pain: A systematic review of the literature. *Physiother Theory Pract.* 2016 Jul;32(5):332-55.
- Louw A, Nijs J, Puentedura EJ. A clinical perspective on a pain neuroscience education approach to manual therapy. *J Man Manip Ther.* 2017;25(3):160-168.

Accreditation Status

The CVAHCS Orthopedic Physical Therapy Residency Program is in the process of accreditation. Once the certificate of candidacy is issued by the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), the accrediting body of the American Physical Therapy Association for physical therapy residency programs in the United States, recruitment of residents commence.

Academic Integrity

Intellectual integrity is the most fundamental value of an academic community. Students and faculty alike are expected to uphold the highest standards of honesty and integrity in their scholarship. No departure from the highest standards of intellectual integrity, whether by cheating, plagiarism, fabrication, falsification, or aiding and abetting dishonesty by another person, can be tolerated in a community of scholars. Such transgressions may result in action ranging from reduced grade or failure of a course, to expulsion from the residency program.

Academic Partnership

The CVAHCS Orthopedic Physical Therapy Residency Program partnered with the University of South Carolina, UofSC-PT Program. The nature of partnership allows the residents teaching experience during Orthopedic classes to the DPT students. A total of 16 hours is allocated for this learning experience that will take place outside the VA.

CONFIDENTIALITY OF MEDICAL RECORDS AND PERSONAL INFORMATION

All medical records and personal information of patients are kept strictly confidential following all policies and procedures of the Department of Veterans Affairs. Any paper documentation of the above mentioned information must remove patient-identifiable data in compliance with the HIPAA regulations, and will be kept in a locked storage by the Director of Orthopedic Residency for up to three years. When deemed appropriate, these records will be destroyed confidentially by shredding. The Veterans Health Administration utilizes the Electronic Medical System (CPRS) for patient documentation which requires secured login using authorized credentials through the intranet. In addition, residents must follow all VA and VHA policies and procedures related to nondisclosure of confidential information, including employee personal records, patient records, release of information, confidentiality of information transmitted via Fax machine, and third party concurrent medical record review. The residency program, its faculty/staff and residents must comply with the HIPAA regulations.

PATIENT RIGHTS AND ORGANIZATIONAL ETHICS

Patients at the CVAHCS are made aware of their rights in various formats, including signs posted throughout the facility, Notice of Privacy Practices automatically printed on patient's first outpatient visit, and the Informed Consent process that explains the treatment or procedure a patient is facing.

Consent must be obtained prior to any significant invasive treatment or procedure (e.g. dry needling), and when there is a need to document the patient's response to physical therapy treatments using audio-video recording. These consent forms must be approved by the VA in compliance with the HIPAA regulations. The patient's understanding and consent are documented. The residents and faculty providing treatments to the patient must follow the VA policies and procedures in obtaining the consent from the patient, and documenting the consent or refusal accordingly.

The Columbia VA Institutional Review Boards review and grant permission to all clinical research of human subjects conducted at the facility. Residents and faculty participating in clinical studies involving human subjects must comply with the IRB requirements. Prior to conducting a clinical study, residents and faculty must obtain the approval from the IRB, and obtain the written or verbal informed consent as required by the IRB from participating patients or legal guardians. All consent forms and procedures must comply with HIPAA regulations.

RESIDENT INITIAL COMPETENCY AND SAFETY

Initial competence of each resident is evaluated based on the information contained in their application files to the Residency, including academic records, past work experience, physical therapy licensure in any US State and Jurisdiction, statement of purpose, and letters of recommendation. Additionally, during the interview with the Program Director and Faculty as required in the program admission process, the applicants to the Orthopedic Residency will be presented with clinical scenarios of orthopedic cases and provided the opportunities to discuss how they would manage these scenarios. This process will allow the faculty to assess the Residency applicant's baseline knowledge and clinical reasoning skills with orthopedic patients.

During the start into the residency, each resident first completes an orientation to the organization and to the work unit prior to beginning patient care. Physical therapy licensure in any of the US state and/or jurisdiction is verified again by the Department during this initial orientation. To determine the initial competence and safety in patient care, the clinical faculty will assess the resident at the beginning of a rotation (Week 2) using the graded Live Patient Examination form (passing score > 80%). Based on the

initial evaluation, the faculty will meet with the residents to develop a learning plan to identify areas in need of improvement.

Additional forms of assessment used to determine clinical competency and safety are completed throughout the residency and include, but are not limited to: Clinical Mentoring Log (completed weekly), Residency Mentoring Forms (completed weekly), Formative and Summative Assessment (completed at six and 12 months of the Residency), Live Patient Examination after Mid-Term and Final terms if the program, and Resident Self-Assessment Survey (completed at 0, 6, and 12 months of the Residency). These forms with instructions are provided in Appendix.

The residents submit the electronic copies of completed forms to the VA Residency Sharepoint link. The results of these assessment are shared among the residency faculty through informal face-to-face communication, phone calls, or emails, and formal discussion at regularly scheduled faculty meetings or emergency meetings if deemed necessary.

American Board of Physical Therapy Specialties References and Resources

In addition to the guidance provided by the VA Mission Statement, the American Physical Therapy Association provides guidelines for physical therapy residency programs which are incorporated into the framework of the orthopedic physical therapy residency program. The following information on residency programs is available on the APTA website. This information was current as of November 2014.

Clinical Residency and ABPTS Specialist Certification

Applicants who are currently enrolled in an ABPTRFE-accredited clinical residency or are enrolled in a residency program that has been granted candidacy status, may apply for the specialist certification examination in the appropriate specialty area prior to completion of the clinical residency. These applicants will be conditionally approved to sit for the examination, as long as they meet all other eligibility requirements, pending submission of evidence of successful completion of the ABPTRFE-accredited clinical residency to APTA's Specialist Certification Program, no later than one month before the examination window opens. To verify your residency program's credentialing status, please visit www.abptrfe.org

Minimum Eligibility Requirements and General Information for All Physical Therapist Specialist Certification can be found at <https://specialization.apta.org/become-a-specialist/orthopaedics>

American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) Quality Standards

ABPTRFE has published Quality Guidelines for both Residents and Residency programs.

The Description of Residency Practice (DRP) for Orthopaedics can be found at:

http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For_Programs/Apply/Forms/DRP_Orthopaedics.pdf

The Core Competencies for a Physical Therapist Resident can be found at:

http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For_Programs/Apply/Forms/ABPTRFE_CoreCompetenciesPhysicalTherapistResident.pdf

Resources at the Columbia VA HCS

Email Account

Your email address will be your firstname.familyname@va.gov. This will be set up during IT sponsorship by the department. Your email will be accessible only at the VA Microsoft Outlook account. As a student in the post-professional program at VA you are expected to check your facility email daily. This is to ensure that you are up to date with the most recent information that your instructors have to offer as this is the primary means of communication for the program faculty and residents.

Blackboard

www.easyclass.com

Blackboard is the medium that will be used throughout the program to deliver your curriculum. It is a very good idea that you take the time to get familiar with this program. A sign-in page will appear. Enter your username and password to sign into Blackboard. Your username is the same as your Uniqname.

Library

The Veterans Affairs Library Network (VALNET) is the largest health care library network in the United States, providing library services and resources to Veteran inpatients and outpatients, their families, and caregivers; Department of Veterans Affairs staff and employees; and students and trainees in affiliated teaching programs. VALNET librarians provide knowledge-based information for clinical and management decision-making, research, and education to enhance the quality of care for Veterans enrolled in the VA health care system.

<https://www.va.gov/LIBRARY/VALNET/index.asp>

Remote Access With an LibLynx Account

Access library resources from home or away from work without VPN by using a Liblynx account for remote access. A Liblynx account allows you to access library resources with a single username and password when you are not on the VA network. Some resources are not available through Athens. For a list of resources not available through Athens remote access see below, or check for notes on the Find a Database page.

To register for LibLynx Account <https://liblynxgateway.com/gw-signup/va/register>

For problems or questions regarding your Athens account please contact the [Library Network Office](#).

Resident and Program Assessments

The Columbia VA PT Orthopedic PT Residency Program will conduct an ongoing evaluation of the mission, goals, training outcomes, faculty, curriculum, resident and patients satisfaction in a commitment to continuous improvement. The evaluation process is planned, organized, scheduled, and documented to ensure ongoing quality education in a defined area of practice.

✓ Program Evaluation:

Program Assessment /Effectiveness (Program Statistics) – collection of data from key indicators used to annually evaluate the achievement of its mission, goals, and outcomes. The data guides the program's continuous improvement efforts indicative of an ABPTRFE-accredited residency program. (*Forms: Exhibits 2 and 3 of ABPTRFE Accreditation/Re-accreditation, Annual Program Evaluation Committee Report*)

Program Director Evaluation - a process in evaluating the program director/coordinator on adequate administrative program oversight, evaluation of program participants, and appropriate allocation of resources against identified benchmarks based on responsibilities. (*Forms: Director Evaluation by the Faculty and PT Supervisors, Director Evaluation by the Resident*)

Faculty and Mentor Evaluation- a process in evaluating faculty which may include an assessment of teaching ability, professional activities, clinical expertise, mentoring, and adequate participant support. (*Forms: Director Mentor Evaluation, Faculty Self Assessment Form, Resident Faculty Evaluation, Resident Mentor Evaluation*)

Faculty and Residents Post-Participation Evaluation -regularly collects information about the post-completion performance of the residency graduate which is used for program evaluation and continuous improvement. (*Forms: Faculty evaluation of the Program, Resident Evaluation of the Program, Residents Post-Participation Performance*)

Outcome Publication- publishes and communicates program performance indicative of participant achievement including post residency employment and attainment of board certification. *Publication is through Residency Website and Residency Brochure.*

✓ Resident Evaluation (Mentoring)

Clinical Mentoring Log - the clinical mentor and the resident use this form to track the number of medical diagnoses and patients seen, and the discussion on patient management during the one-on-one mentoring hours at each rotation. (*Form: Clinical Mentoring Log Sheet, Diagnosis Log*)

Resident Mentoring- this is for one-on-one mentoring sessions. (*Forms: Resident Mentoring Form, Clinical Impression Prep Form, Clinical Reasoning Form, Feedback Clinical Performance, Daily -weekly Feedback Form*)

✓ Resident Clinical Skill Performance:

Live Patient Examination/Intervention Evaluation- this is used to provide the resident with a formal written evaluation of clinical skills. Four Live Patient Examination is completed throughout the program (*Form: Live Patient Examination Intervention Session Evaluation Form*)

Resident Written Examinations: All didactic and written examination are set at a passing grade of at least 80%. An examination will follow after each of the Orthopedic Physical Therapy Modules/Orthopedic Section monograph. The residents will also have three major written examinations (Baseline, Midterm, and Final proficiency examinations) addressing the core curriculum.

Resident Assignments and Projects: The residents will produce a quarterly patient case reports and Journal/Research study appraisals including final residency projects (A Case Study/Analysis and Staff Presentation).

Others:

Resident Competency Evaluation Instrument: Adapted from APTA to measure the core competencies expected of a physical therapist resident upon graduation from the program. These domains of competence are broad in nature, representing the residency expectations of all specialty areas of practice. (*Form: Physical Therapist Residency Competency Evaluation Instrument*)

Assessment Tool for Physical Therapists Description of Specialty Practice: Orthopaedics- this is DSP/DPR specific assessment that will assess the resident's their current level of knowledge and skills in the practice of Orthopaedic physical therapy against a set of nationally accepted advanced clinical competencies. (*Assessment Tool for Ortho PT DSP, Practice Dimensions of Ortho Specialist*)

Formative/Summative Assessment Form: The mentor uses this form at mid-term (6th month) and final (12th month) during the 12-month residency as a formative/summative assessment of overall performance of the resident. This evaluation process allows the mentor to provide feedback to the resident over a period of time (rather than individual mentoring sessions), and to communicate between mentors on the resident's learning outcomes and performance. (*Form: Formative Summative Assessment Form*)

Patient Satisfaction Survey: This utilizes a validated 10-item questionnaire reflecting patient's satisfaction during the interaction with the therapist/resident (e.g. time, adequate explanations, and instructions to patients) and environmental factors such as clinic location, parking, time spent waiting for the therapist, and type of equipment used. (*Form: Patient Satisfaction Survey*)

Form Summary	
Resident Assessment	<ul style="list-style-type: none"> • Resident Mentoring Form • Live Patient Examination Intervention Evaluation Form • Clinical Mentoring Log Sheet • Clinical Performance Evaluation- New Patient • Clinical Practice Dimensions of an OCS (Midterm & Final)
Final Resident Evaluation	<ul style="list-style-type: none"> • Assessment Tool for Ortho PT DSP (Midterm & Final) • Formative Summative Assessment Form (Midterm & Final) • Physical Therapist Residency Competency Evaluation Instrument (Baseline, Midterm, Final)
Faculty Evaluation	<ul style="list-style-type: none"> • Director Mentor Evaluation (Midterm & Final) • Faculty Self Assessment Form (Midterm & Final) • Resident Faculty Evaluation (Teaching) (Midterm & Final) • Resident Mentor Evaluation (Clinical) (Midterm & Final)
Program Evaluation	<ul style="list-style-type: none"> • Faculty evaluation of the Program (Midterm & Final) • Resident Evaluation of the Program (Midterm & Final) • Residents Post-Participation Performance (Finals)
Program Director Evaluation	<ul style="list-style-type: none"> • Director Evaluation by the Faculty and PT Supervisors (Midterm & Final) • Director Evaluation by the Resident (Midterm & Final)
Others:	<ul style="list-style-type: none"> • Case Presentation Guidelines- Rubric • Health Conditions Monitoring Form • Oral-Practical Examination Grading Rubric • Annual Program Evaluation Committee Report

Schedule of Major Resident Evaluation/ Assessment	
Major Written Examination (100-item exam)	First 2 weeks (Baseline) Midterm (December) Finals (June)
Four Live Patient Examination	First 2 weeks (Baseline) Premidterm October Midterm (December) Final (June)
Case Study (CAT)	6 times (Every 2 months)
Technique Practical Examination	September December (Midterm) March June (Finals)
Manual Therapy Interventions	December /June (Midterm and Finals)
Others:	
Practice Dimensions of an OCS	Midterm (December) Finals (June)
Formative/Summative Assessment Form	6 th months and 12 th months
Orthopedic DSP Assessment Tool for PT	6 th months and 12 th months
Competency Evaluation Instrument	Baseline (2 weeks), Midterm, Final